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FEB 11 2005

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7590 02/01/2005

MOONRAY KOJIMA
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<i>M. Kojima</i>	
(Depositor's name)	
<i>2/9/05</i>	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/476,262	01/03/2000	TATSUO KAWANAKA	9815078(915)	7582

TITLE OF INVENTION: ILLEGITIMATE DUPLICATION PREVENTING METHOD, DATA PROCESSING APPARATUS AND MEDICAL IMAGING APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/02/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
LANIER, BENJAMIN E		2132	713-200000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Moonray Kojima
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

GE YOKOGAWA MEDICAL SYSTEMS, LIMITED - Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Date

2/9/05

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MOONRAY KOJIMA

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